

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
Township _____ or Village _____
City Humboldt No. _____ St. _____ Ward _____

2. Full name of child Samuel Blair Croyle
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate _____ mate? Yes 8. Date of birth Sept 12, 1930
(Month, day, year)

9. FATHER'S name Marshall Abram Croyle FATHER: 18. Full maiden name Chic Houseman MOTHER:

10. Residence (usual place of abode) Humboldt (If nonresident, give place and State) Idaho 19. Residence (usual place of abode) Humboldt (If nonresident, give place and State) Idaho

11. Color of race White 12. Age at last birthday 30 (Years) 20. Color of race White 21. Age at last birthday 29 (Years)

13. Birthplace (city or place) Buffalo, N.Y. 22. Birthplace (city or place) Huntington
(State or country) New York (State or country) West Virginia

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Sept 12, 1930 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work Sept 12, 1930 26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ or weeks _____ } 29. Cause of stillbirth _____
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10:00 p.m. on the date above stated
(Born alive or stillborn) _____

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Charles H. Huth M.D.

or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address Oct 8, 1930 PCH Huth
Filed _____ Registrar.

Registrar.

N. B.—In case of more than one child, use separate certificates.

259-912-124